



# Vitality for Life.

## 2019 BENEFIT HIGHLIGHTS

Medicare Advantage HMO  
with Prescription Drugs

San Joaquin County  
Santa Clara County

H1426\_19\_079\_MK\_ENG\_M Approved



**2019 Benefit Highlights**  
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**Vitality Choice (HMO)**

**Vitality Choice (HMO)**

**Vitality Plus (HMO)**

<p><b>Service Area</b></p>	<p>Must reside in San Joaquin County</p>	<p>Must reside in Santa Clara County</p>	<p>Must reside in San Joaquin County or Santa Clara County</p>
<p><b>Other Eligibility Requirements</b></p>	<p>Must have Medicare Part A and Part B</p>	<p>Must have Medicare Part A and Part B</p>	<p>Must have Medicare Part A and Part B</p>
<p><b>Maximum Out of Pocket</b></p>	<p>\$3,200</p>	<p>\$3,200</p>	<p>\$6,700 For some people this may be paid in part or in full by Medicaid or a third party</p>
<p><b>Part C Monthly Premium</b></p>	<p>\$0</p>	<p>\$0</p>	<p>\$0</p>
<p><b>Part D Monthly Premium</b></p>	<p>\$0</p>	<p>\$0</p>	<p>\$34.80* For some people this may be paid in part or in full by Medicaid or a third party</p>

\*Part D Monthly Premium may vary based on the level of Extra Help you receive

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**Vitality Choice (HMO)  
San Joaquin County**

**Vitality Choice (HMO)  
Santa Clara County**

**Vitality Plus (HMO)  
San Joaquin County  
& Santa Clara County**

**Nurse Advice  
Hotline**

**\$0**

**\$0**

**\$0**

**Primary Care  
Office Visit**

**\$0**

**\$0**

**\$0**

**Specialist  
Office Visit**

**\$0**

**\$0**

**\$0**

**Rehabilitation  
Services  
(Physical, Speech,  
Occupational Therapy)**

**\$0**

**\$0**

**20%**  
**For people with full  
Medicaid, this coinsurance  
may be paid in part or in full  
by Medicaid or a third party**

**Lab Work**

**\$0**

**\$0**

**\$0**

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**Vitality Choice (HMO)  
San Joaquin County**

**Vitality Choice (HMO)  
Santa Clara County**

**Vitality Plus (HMO)  
San Joaquin County  
& Santa Clara County**

	<b>Vitality Choice (HMO) San Joaquin County</b>	<b>Vitality Choice (HMO) Santa Clara County</b>	<b>Vitality Plus (HMO) San Joaquin County &amp; Santa Clara County</b>
<b>Diabetes Supplies</b>	\$0	\$0	\$0
<b>X-Rays</b>	\$0	\$0	20% For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party
<b>Complex Diagnostics (MRI, CT-Scan)</b>	\$50	\$0	20% For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party
<b>Home Health Care</b>	\$0	\$0	\$0
<b>Urgent Care Visit</b>	\$15	\$0	20% For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party

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**Vitality Choice (HMO)  
San Joaquin County**

**Vitality Choice (HMO)  
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**Vitality Plus (HMO)  
San Joaquin County  
& Santa Clara County**

<p><b>Ambulance Services</b></p>	<p><b>\$100</b> (Waived if admitted within 24 hours)</p>	<p><b>\$100</b> (Waived if admitted within 24 hours)</p>	<p><b>20%</b> For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party</p>
<p><b>Emergency Room Visit</b></p>	<p><b>\$75</b> (Waived if admitted) within 24 hours</p>	<p><b>\$90</b> (Waived if admitted) within 24 hours</p>	<p><b>20%</b> For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party</p>
<p><b>Inpatient Hospitalization (Acute Care)</b></p>	<p><b>\$0 per day, days 1–90,</b> (<b>\$0 unlimited additional days</b>)</p>	<p><b>\$0 per day, days 1–90,</b> (<b>\$0 unlimited additional days</b>)</p>	<p><b>\$1,340 deductible*</b> days 1–60; <b>\$335 per day, days 61–90;*</b></p>
<p><b>Skilled Nursing Facility (no prior hospital stay required)</b></p>	<p><b>\$0 per day, days 1–20;</b> <b>\$50 per day, days 21–75;</b> <b>\$75 per day, days 76–100</b></p>	<p><b>\$0 per day, days 1–20;</b> <b>\$50 per day, days 21–75;</b> <b>\$75 per day, days 76–100</b></p>	<p><b>\$0 per day, days 1–20;</b> <b>\$167.50 per day, days 21–100*</b></p>
<p><b>Inpatient Mental Health</b></p>	<p><b>\$100 per day, days 1–16,</b> <b>\$0 for days 17–90</b></p>	<p><b>\$200 per day, days 1–8,</b> <b>\$0 for days 9–90</b></p>	<p><b>\$1,340 deductible*</b> days, 1–60; <b>\$335 per day, day 61–90;*</b></p>

\*For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party. Cost share may change in 2019.

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**Vitality Choice (HMO)  
San Joaquin County**

**Vitality Choice (HMO)  
Santa Clara County**

**Vitality Plus (HMO)  
San Joaquin County  
& Santa Clara County**

	<b>Vitality Choice (HMO) San Joaquin County</b>	<b>Vitality Choice (HMO) Santa Clara County</b>	<b>Vitality Plus (HMO) San Joaquin County &amp; Santa Clara County</b>
<b>Outpatient Mental Health Visits</b>	\$15	\$25	20% For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party
<b>Outpatient Surgery at Ambulatory Surgical Center</b>	\$50	\$50	20% For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party
<b>Hospital Outpatient Services &amp; Diagnostics</b>	\$75	\$75	20% For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party
<b>Durable Medical Equipment</b>	20%	20%	20% For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party
<b>Routine Hearing Exam</b>	\$0	\$0	\$0

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**Vitality Plus (HMO)  
San Joaquin County  
& Santa Clara County**

<b>Hearing Aid Allowance</b>	<b>\$1,000 Limit every year</b>	<b>\$1,000 Limit every year</b>	<b>\$1,000 Limit every year</b>
<b>Routine Acupuncture or Chiropractor Visits</b>	<b>\$0 Up to 15 annual combined visits</b>	<b>\$0 Up to 15 annual combined visits</b>	<b>\$0 Up to 15 annual combined visits</b>
<b>Fitness Membership with Silver &amp; Fit</b>	<b>\$0 Annual membership with multiple locations</b>	<b>\$0 Annual membership with multiple locations</b>	<b>\$0 Annual membership with multiple locations</b>
<b>Transportation to Plan Approved Providers</b>	<b>\$0 22 one-way trips Annually</b>	<b>\$0 28 one-way trips Annually</b>	<b>\$0 Unlimited one-way trips Annually</b>
<b>Annual Maximum On Worldwide Coverage</b>	<b>\$50,000 per year for emergency or urgently needed care while outside the United States</b>	<b>\$50,000 per year for emergency or urgently needed care while outside the United States</b>	<b>\$50,000 per year for emergency or urgently needed care while outside the United States</b>

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**Vitality Plus (HMO)  
San Joaquin County  
& Santa Clara County**

	<b>Vitality Choice (HMO) San Joaquin County</b>	<b>Vitality Choice (HMO) Santa Clara County</b>	<b>Vitality Plus (HMO) San Joaquin County &amp; Santa Clara County</b>
<b>Routine Eye Exam and Refraction</b>	<b>\$0 (1 every year)</b>	<b>\$0 (1 every year)</b>	<b>\$0 (1 every year)</b>
<b>Eyewear Frames from VSP Genesis Collection</b>	<b>Free Once every 24 months</b>	<b>Free Once every 24 months</b>	<b>Free Once every 24 months</b>
<b>Single lens, Bifocal, Trifocal, Lenticular or Standard Progressive Lens</b>	<b>Free Once every 24 months</b>	<b>Free Once every 24 months</b>	<b>Free Once every 24 months</b>
<b>Photochromic and Polycarbonate Lens Upgrades</b>	<b>Free Once every 24 months</b>	<b>Free Once every 24 months</b>	<b>Free Once every 24 months</b>
<b>UV Coating, Anti-Reflective, and Scratch Resistant Lenses</b>	<b>Free Once every 24 months</b>	<b>Free Once every 24 months</b>	<b>Free Once every 24 months</b>



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San Joaquin County  
& Santa Clara County**

<p><b>Tier 1 – Preferred Generic Drugs 30 Day Supply</b></p>	<p>\$0</p>	<p>\$0</p>	<p>\$0</p>
<p><b>Tier 2 – Generic Drugs 30 Day Supply</b></p>	<p>\$5</p>	<p>\$5</p>	<p>\$0, \$1.25, \$3.40, or 15% based on low income subsidy. Or 25% if no low income subsidy exists</p>
<p><b>Tier 3 – Preferred Brand Drugs 30 Day Supply</b></p>	<p>\$35</p>	<p>\$35</p>	<p>\$0, \$3.80, \$8.50, or 15% based on low income subsidy. Or 25% if no low income subsidy exists</p>
<p><b>Tier 4 – Non-Preferred Brand Drugs 30 Day Supply</b></p>	<p>\$90</p>	<p>\$90</p>	<p>\$0, \$3.80, \$8.50, or 15% based on low income subsidy. Or 25% if no low income subsidy exists</p>
<p><b>Tier 5 – Specialty Drugs 30 Day Supply</b></p>	<p>33% coinsurance</p>	<p>33% coinsurance</p>	<p>\$0, \$3.80, \$8.50, or 15% based on low income subsidy. Or 25% if no low income subsidy exists</p>

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San Joaquin County  
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<p><b>Prescription Drug Coverage in the Gap</b></p>	<p>Tier 1 Tier 2</p>	<p>Tier 1 Tier 2</p>	<p>Tier 1</p>
<p><b>Catastrophic Coverage</b></p>	<p>After yearly out-of-pocket costs reach \$5,100, you pay the greater of: 5% of the cost, or \$3.40 for generic (including brand drugs treated as generic) and \$8.50 for all other drugs</p>		
<p><b>Sildenafil Citrate (Erectile Dysfunction) prescription medication</b></p>	<p>Tier 2 Copay (6 tablets per 30 days)</p>	<p>Tier 2 Copay (6 tablets per 30 days)</p>	<p>Tier 2 Copay (6 tablets per 30 days)</p>
<p><b>Over-The-Counter (OTC) Items Allowance</b></p>	<p>\$40 Quarterly</p>	<p>\$40 Quarterly</p>	<p>\$60 Quarterly</p>
<p><b>Comprehensive Dental Coverage</b></p>	<p>\$0 Monthly Premium (Please see Dental Plan Fee Schedule Insert)</p>		

Proficiency of Language Assistance Services are Available

Hours: 8 a.m. to 8 p.m., seven days a week from October 1 through March 31 and Monday to Friday from April 1 through September 30

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-333-3530 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-333-3530 (TTY: 711).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-866-333-3530 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-333-3530 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-333-3530 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-333-3530 (TTY: 711) 번으로 전화해 주십시오.

ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-866-333-3530 (TTY (հեռատիպ)՝ 711):

دیوریگب سامت 1-866-333-3530 (TTY: 711) اب. دشا اب ی م مہارف امش یارب ناگیار تروصب ی نابز تالی هست، دی نک ی م وگتفگ ی سراف نابز هب رگا: هجوت

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-333-3530 (телетайп: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-866-333-3530 (TTY: 711) まで、お電話にてご連絡ください。

م ك ب ل او م ص ل ا ف ت ا ه م ق ر) 1-866-333-3530 م ق ر ب ل ص ت ا. ن ا ج م ل ا ب ك ل ر ف ا و ت ت ة ي و غ ل ل ا ة د ع ا س م ل ا ت ا م د خ ن ا ف، ة غ ل ل ا ر ك ن ا ث د ح ت ت ن ك ا ن ا: ة ظ و ح ل م

ਪਿਆਰ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-866-333-3530 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

បុរយ័ត្តន៖ ប៊ីសិនជាអ្នកនិយាយ ភាសាខ្មែរ, ស វាជំនួយជូនកែភាសា ដោយមិនគិតលុយនោះ គឺអាចមានសំរាប់ប៊ីអ្នក។ ចូរ ទូរស័ព្ទ 1-866-333-3530 (TTY: 711)។

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-333-3530 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-333-3530 (TTY: 711) पर कॉल करें।

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-866-333-3530 (TTY: 711).

## Discrimination is Against the Law

Vitality Health Plan of California complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of health care, claims experience, medical history, genetic information, evidence of insurability, or geographic location. Vitality Health Plan of California does not exclude people or treat them differently because of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of health care, claims experience, medical history, genetic information, evidence of insurability, or geographic location.

Vitality Health Plan of California:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Vitality Member Service Department at 1-866-333-3530 (TTY: 711) to help you. Hours are 8 a.m. to 8 p.m., seven days a week from October 1 through March 31 and Monday to Friday from April 1 through September 30. You can also ask for a Civil Rights Coordinator who works for Vitality Health Plan of California.

If you believe that Vitality Health Plan of California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Vitality Health Plan of California  
Member Services Department (Complaints)  
18000 Studebaker Road, Suite 960  
Cerritos, CA 90703 1-866-333-3530 (TTY: 711) FAX: 1-866-207-6539

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Vitality Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Vitality Health Plan of California cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Vitality Health Plan of California 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Vitality Health Plan of California is an HMO with a Medicare contract. Enrollment in Vitality Health Plan of California depends on contract renewal. This information is not a complete description of benefits. Call 1-866-333-3530 (TTY 711) for more information 8 a.m. to 8 p.m., seven days a week from October 1 through March 31, and 8 a.m. to 8 p.m. Monday to Friday from April 1 through September 30.



## BENEFIT HIGHLIGHTS 2019

Medicare Advantage HMO  
with Prescription Drugs

Vitality Health Plan of California  
18000 Studebaker Road, Suite 960  
Cerritos, CA 90703

For enrollment inquiries, or to speak to a  
Member Services representative, please call  
1-866-333-3530 or TTY 711

8 a.m. to 8 p.m. seven days a week  
from October 1 through March 31, and  
8 a.m. to 8 p.m. Monday through Friday  
from April 1 through September 30

[www.VitalityHP.net](http://www.VitalityHP.net)